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STATE OF MARYL	AND—CERTIFICATE OF DEATH 08033
DF DEATH	(16) V
Washington	Registration Dist. No. 302
Washington TRIN GORFERNT LIMITS OF City Hagerstown	No. 328 S. Locust Street St., 3 Ward

I. PLACE U	DEATH					
County	Washington.			Regist	tration Dist. No. 3	2
₩17	ty Hagers	town	(16	No. 328 S. Locust	Street st.	3 Ward
Length of resid	dence in city or town where	death occurred		ds. How long in U.S. if of foreign b		
	ME David C			7		
(a) Residen	ce: No. 328 S.	Locust. (Usual place		St., Ward.	nresident give city or town and	State
PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFI	CATE OF DEATH	
3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARI OR DIVORCEI Marri	RIED, WIDOWED. O (write the word)	21. DATE OF DEATH J (Month)	uly 7,	193 2 • (Year)
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorced Margare t	Baker		22. I HEREBY CER July 115, 1932	TIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) Ju	ly 6, 18	371	I last saw h. Sas alive on July	7 19.82	; death is said
7. AGE Year 61	Months O	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and rele were as follows:		
8. Trade, profes	sion, or particular ork done, as SPINNER, BDOKKEEPER, etc.	Laborer		Lacinoma &		Date of enset
9. Industry or I work was	business in which done, as SILK MILL, L, BANK, etc.					
- 1	ed lest worked at petion (month and	sper	me (years) nt in this pation			
12. BIRTHPLACE (cit	y or town) Mason	-Dixon		Dther Contributory Causes of importance:		
1 2		r		-		
	(city or town) Unk			Name of operation	Date of	
(State of		2.		What test confirmed diagnosis?	Was there an	autopsy?
15. MAIDEN NAI	ME Catherin	e Eavey		23. If death was due to external causes (VIOL	ENCE) fill in also the following	g:
16. BIRTHPLACE (State or	(city or town)I.ci	tersburg	<u></u>	Accident, suicide, or homicide? Where did injury occur?		
	Wrs. Margar Hagerstown.		·-g	(Specify Specify whether injury occurred in INDUSTR	y city or town, county and Sta Y, In HOME, or in PUBLIC PL	.ACE.
18. BURIAL, CREMAT	ION, OR REMOVAL			Manner of injury		
PlaceLei.	tersbueg, M	d.Date_July	1.9.,19.32	Nature of injury		
19. UNDERTAKER(Address)	Fred W. Kra Hagerstown,	iss,		24. Wes diseese or injury in any way related If so, specify	to occupation of deceased?	20
20. FILED	1 1932/	Kasth	Bowers Registrar.	(Signed) A Grand	slowing h	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		7851 0 5NA	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		<u></u>	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

BINDIN

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Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage BUREAU V S	July 5,1927	Peritonitis	3 days ago
Y			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	_	115-77	
County Washin	< lon	A Registration Dist. Nov 30	2
Village or City Note !	SEPONATE LINES	110 Mahanel Ma (ALD) to 1) as	S
Village or City / Vages	wan, ra.	f death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where			
(1)	· P Ba		
2. FULL NAME CAUL	A CO	age.	
(a) Residence: No. Mercur	shing, to.	D. 511, Ward.	
	(Usual slace of abode)	If nonresident give city or town and	State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 7 - 27- (Month) (Oay)	, 193 (Year)
5a. If married, widowed, or divorced		(00)	(1001)
HUSBANO of (or) WIFE of		22. HEREBY CERTIFY, That I attended	deceesed from
		2 v/y 23 ,1932, to 2 v/y 27	, 19.3
6. OATE OF BIRTH (month, day, and year)	Jept. 5, 1931	I lest saw h_124 alive on Duly 27 ,19.33	; death is said
7. AGE Yeers Months	Oays If LESS than	to have occurred on the date stated above, at 133 C:m.	
- 10	2 2 I day,hrs.	I THE FRINCIPAL CAUSE OF DEATH and related causes of importance	
	ormin.	were es follows:	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER,		C1111 1 2+ 1 1	
SAWYER, BOOKKEEPER, etc		1 /c / / / / / / / / / / / / / / / / / /	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		(dtrestiece	/
10. Oate deceased last worked at	11. Total time (yeers)	Luguriania, 14t xper	-
this occupation (month end	spent in this occupation	12treptieussy	<i>y</i>
		Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town)	£ 1. 1	Touristus dereptococus.	
(State or country)	senco, va.	_	-
13. NAME Ellis	noter		
13. NAME ELLO	1. 10	Name of operation Date of	
(State or country)	of len Co. Ja	What test confirmed diegnosis?	autonou? A/c
I IS. MAIOEN NAME COLT	a breugh		
E ISSUED IN THE STATE OF THE ST	CCC AND	23. If death wes due to external causes (VIOLENCE) fill in also the followin	
15. MAIOEN NAME 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Oate of injury	, 19
(Stete or country)	man co, va.	Where did injury occur? (Specify city or town, county and Sta	·
17. INFORMANT COLORS (Address) Mercersh	Oricher POHI	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOYAL	PIN	Manner of injury	
Place Velol Vines Vo	Date July 29, 1937		
(I) A			
19. UNDERTAKER W. KIMIN	ger p	24. Was disease or injury In any way related to occupation of deceased?	
(Address) Mercer	string, fa.	If so, specify	
20. FILEO / -2 2 19 3 2 6	kast Doceres	(Signed) Doum of the	
	Registrar.	(Address) 15.9 W. Market	M

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis Attack of epilevsu 1 week ago 1915 Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Day)

(Year)

Date of onset

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Chronic interstitial nephritis 416 6	1932 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREA	U		
Other contributory causes of importance	:	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
			1

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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BUREAU	j				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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or-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 08038
infor- state UPA-	1. PLACE OF DEATH	119
ould occ	County Washinglan	Registration Dist. No. 904
item of should of OCC	Village or City Hancock Md N	/- No. St., Ward
· 02 /	Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mosds.
CORD. Every PHYSICIANS ict. statement	2. FULL NAME Meannomi farming	the Burtan
	(a) Residence: No.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EXT.	3. SEX 4. COLOR OR RACE OR DIVORCED (number to the word) S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (number to the word)	21. DATE OF DEATH (Morth) (Day) (Yaar)
IDING MANEN A CT assified	5a. If marriad, widowed, or divorced HUSBAND of (Or) WIFE of	22. HEREBY CERTIFY, That I attanded deceased from
A SNO .	12 - 25 - 21	July 1 1932, 10 July 10 1932
B PE PE	6. DATE OF BIRTH (month, day, end year) / 2 = 2 0 - 3 0 7. AGE Years Months Deys If LESS than	Mast saw h
FOR B IS A PE stated E properly certificate	/ 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and ralated causas of importance.
F(IS sta sta pre cer	8. Trade, profassion, or particular	were as follows: Date of onest
SID and be be of	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	1-22
RVE COULD MAY BACK	9. Industry or business in which	7.7.
VK-T should it may n back	SAW MILL, BANK, etc.	
SE TE SE	11. Total time (years) this occupation (month and year)	
NG I AGE that	Warrant RZD	Other Contributory Causes of importanca:
ARGIN'RI NFADING oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) A Company (State or country)	Cuff 12 asuo muso 6/2/3
MARGIN UNFADI supplied. n terms, so	13. NAME ! Therman Burtan	
	13. NAME ! Merman Button 14. BIRTHPLACE (city or town) Hancock R7D.	Name of operation Data of
E E	(State or country) Mary Paul	What tast confirmed diagnosis? Churcal Was there an autopsy?
Y, WIT:	15. MAIDEN NAME Prace V Walls	23. If death was due to external causes (VIOLENCE) fill in also the following:
NLY, W) be carefu EATH in pimportant.	15. MAIDEN NAME Mace Walls 16. BIRTHPLACE (city or town). Burke by Springs	Accident, suicide, or homicide?Date of injury19
INLY be ca sATH mpor	(State or country)	Where did injury occur?
	17. INFORMANT Carly Walls	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Should OF D	(Address) Forceock Md	
	Place Catalha Ind Date 7/12 1832	Manner of injury
-WRITE mation s CAUSE TION is	199	Nature of injury
TI CAN	19. UNDERTAKER (Addrass) (Addrass)	24. Was disaasa or injury in any way related to occupation of deceased?
ž d	27 - 324 2 1	(Signed) Walley M. D.
i zi G	20. FILED 1. 1. 2. 1. 1. 1. 1. 1. 1. 1. Registrar.	(Addrass) Haueuel 200
(2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. A.

BINDING

RESERVED

MARGIN

V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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	Example II	
Date of onset	The principal cause of dcath and related causes of importance were as follows:	Date of onset
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1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
532		
77 02	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
•		
	1915 1921 July5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street ear July 5,1927 Peritonitis Other contributory causes of importance:

+ 4 + +	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor state	1. PLACE OF DEATH	(A)
item of should of OCC		No. Wash Co Hospital or institution, give its NAME instead of street and number)
NS NS	Length of residence in city or town where death occurredyrs,mos.	ds. How long in U, S, if of foreign birth?yrsmos ds
Ev	2. FULL NAME Jayah Watherine	Lygme!
ECORD. Every PHYSICIANS Exact statement	(a) Residence: No. Wode date (Usual place of abode)	St., Ward. If nonresident give city or town and State
RECC PF Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Suly 11 (Month) (Day) (Year)
BINDING PERMANENT EXACTL y classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. H. Crome!	22. I HEREBY CERTIFY/That I attended deceesed from 7/3 1932 to 7/10 1933
	6. DATE OF BIRTH (month, day, and year) Oct 4-1858	I last saw hear alive on 7/10 1932; death is said
	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12 43 17 m.
FOR IS A F stated properly	7 3 9 7 . 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
**	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	acute gangrenous appondutio ulla gun 24
ERVI VK-T] should it may n back	kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (menth and	
RESE NG INI AGE sh that it ons on	10. Date deceased last worked at this occupation (menth and -) Q 3 spant in this occupation (menth and -) Q 3 spant in this occupation 5 Q 4 Y S	
N DIN So stricti	12. BIRTHPLACE (city or town) 12 Q X S p Y : ng (State or country)	Other Contributory Causes of importance: Auxiliary From Making with my occided July 8
MARGI UNFA supplied n terms, ee instru		fulud
UN UN uppl ter	E	Name of operation aparatomy Haramage Date of 7/3/3%
	14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis?
WITH WITH efully si in plain ant. See	₩ 15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	15. MAIDEN NAME 16. BIRTHPLAGE (city or town) (State or country)	Accident, sulelde, or homicide? Date of injury, 19
VLN ATI	∑ (State or country)	Where did Injury occur?(Specify city or town, county and State)
E PLAINLY, should-be car OF DEATH	17. INFORMANT WM. TT. CYOME' (Address) Haavy X Mun. Ttd.	Specify whether injory occurred in iMDUSTRY, in HOME, or in PUBLIC PLACE.
TE F sho E OI	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
on SE	Placetally aw Date July 13, 1922	Nature of injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER T. K. Coxx mau	24. Was disease or injury in any way related to occupation of deceased?
S. No. 1	(Address) Hage Istown, TTd.	If so, specify
» z(T)	20. FILED 7-(2-, 1932- Latered 19 Jours 10 Registrar.	(Signed) M. (Address) 170 Mashujh.
Delunto	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
0109		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	Wayness of the same of the sam	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. 8			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	(97)
? naton	Registration Dist. No. 3//
own's ville	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
1 - 11	
A. W. C.	
(Usual place of abode)	St., Ward. If nonresident give city or town and State
TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
CE 5. SINGLE, MARRIED, WIDOWED, QR DIVORCED (write the word)	21. DATE OF DEATH
e Widower	(Month) (Day) (Year)
(0 : 0	
ede W. Denkle	1 HEREBY CERTIFY, That I attended deceased from
60ct 14 - 1856	I lost sow ham alive on July 5 A 1987, death is said
onths Days If LESS than	to have occurred on the date stated above, at P. m.
8 2 2 . 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
	were as follows: Data of onset
VER, 1-armer	Janques helt lea and 7/1/82.
1. Retryed.	Though I
11. Total time (years) spent in this occupation	
oiling Springs	Other Contributory Causes of importance:
Salla	Cirlino Schuoses. 1926
inkle	
noiling Spyings	Name of operation Date of
Pall	What tast confirmed diagnosis? Was there an aulopsy?
Rebman.	23. If death was due to external causes (VIOLENCE) fill in also the following:
of ling Springs	Accidant, suicida, or homicida? Date of injury, 19
120	Whare did injury occur? (Specify city or town, county and State)
1 L. 12: nkle	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
solla ITI	
exery Date July 4 1932	Mannar of injury
	Natura of injury
x / man	24. Was disaasa or Injury in any way related to occupation of decaasad?
- acrstown mag.	if so, spacify
Registrar.	(Signad) M. D. (Addrass) Wilder (Addrass)
	2411 N. Charles Street, Baltimore, Requesting U. S. No. A

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	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
3.1		
	Other contributory causes of importance:	
May 1,1923	Gastroentcritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

•	

of OCCUPA-

-WRITE PLAINLY,

8

STATE OF	LVCAM	ANID	CEDTIE	CATE	OF	DEATI
SIAIL	- MARYL	_AND—	CERTIFI	CALE	UF	DEATE

1. PLACE OF, DEATH	18042
County Hashing Low 11	Registration Dist. No. 316.
Village or City Keldysville	No. St Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred / 2 yrs. / 2	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME pullis 13 No	to
(a) Residence: No. Keedysmille	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (rarite the word)	
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY, that I attended deceased from
(1.08/01/	I last saw alive on Cold 11 1932 death is said
6. DATE OF BIRTH (month, day, and year) (http://dx.de/	
11 10 10 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, Sensor	1 4 6 1 1 4
9. Industry or business in which	Ar, le indocardelles
work was done, as SILK MILL, SAW MILL, BANK, etc.	The stabbulococcemia lasted eight
O Dato deceased last worked at this occupation (month and year)	toceks.
12. BIRTHPLACE (city or town) Keedysmille	Other Contributory Causes of importance:
(State or country) Mac	Manh water e em a: En man 21
13. NAME Hay Ditto	Printery it was the results of on illegal
14. BIRTHPLACE (city or town). Eleansfring AFA	Name of operation obortions Cuto B. Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Flla M Downers	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Downsuld R FN	Accident, suicide, or homicide? Date of injury 19
State or country)	Where did injury occur?
May Della	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT (Cay North March 1881) A Confusional March 1881	t-
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Marion Date July 20, 193	2. Nature of injury.
William St. mees	24. Was disease or injury in any way related to open pation of deceased?
19. UNDERTAKER Office (Address) Smithslauro	If so, specify
1. 1. 2. 2. Prof 9 1	(Signed) J. W. Leyan M. D.
20. FILED MANY 7, 1992 Registra	13 1
	trar, 2411 N. Charles Street, Balimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	ti.	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		Lacayana a	
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH 08043
1. PLACE OF DEATH	40/
County Washington	Registration Dist. No.
Village or City Sharfsburg Md	No. St., Ward
Length of residence in city or town where death occurred 4 yrs 6 mos	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME SMEAN S HORSEY	in the state of th
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 7 7 193 2 (Month) (Oay) (Year)
5e. If married, widowed, or divorced HUSBANO of	
(or) WIFE of farmers Versay	22. THEREBY CERTIFY. What I attended decessed from
6. DATE OF BIRTH (month, day, and year)	I last few half eliva on fully 1932 death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated poove, at 730cm.
9 80 4 29 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Oate of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10- Date deceased last worked at this occupation (month end	Cartinoma The June 34 1951
9. Industry or business in which work was done, as SILK MILL, Course Pitte	
11. Total time (yaars) this occupation (month end	
year) occupation occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town Community	onici countratory custom importance.
(State or country) Muslimgton Mol	
14. BIRTHPLACE (city or town) Roberts ville	
4. BIRTHHACE (city or town)	Name of operation Date of
	What test confirmed diagnosis? Was there en autopsy?
	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16, BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT of Wesley Dorsey	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Sharkburg Joseph	
18. BURIAL, CREMETION, OR REMOVIL	Manner of injury
Place Sharps during Date 1 = (0, 1937	Natura of injury
19. UNOERTAKER A Surille TOO	24. Wes disease or injury in any wey related to occupation of deceased?
20. FILEO 1/9 , 182 Eelf Deeg ex. Registrar.	(Signed) Walter A Stead M. O. (Address) Sampsburg) M. O.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Data of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V O			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08044	
1. PLACE OF DEATH	(13)	
County Washington	Registration Dist. No. 3 0	
Village or City Wear O Sharkeburg.	No. St Wa	ard
	death occurred in a hospital or institution, give its NAME instead of street and number)	
71:00.	ds. How long in U.S. if of foreign blrth?yrsmos	ds.
2. FULL NAME (U Man Lee Co	iku	
(a) Residence: No. 1000 Sharper of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	-
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
Male White Married	(Month) (Vear) (Year)	
5a. If married, widowed, or divorced HUSBAND of	V // // // // // // // // // // // // //	Ministerer
(or) WIFE of Mollie Cakle	22. 1 HEREBY CERTIFY. That I attended deceased from	om
6. DATE OF BIRTH (month, day, and year) March. 7-1873	I last saw h. farm alive on Janly 6, 193 V; death is se	-
7. AGE Yaars Months Days If LESS than	to have occurred on tha date stated above at 2 4 m.	ald
5 C // I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8 Trade profession or partiaular	were as follows:	ot
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	Chraus, museardets, Well	137
S Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc		
O 110. Data deceased last worked at this occupation (month and yaar)		
0 611 7:11	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Called Multi-	A. D	4
	Chrome Reparter Of.	13
E / Control		
44. BIRTHPLACE (city of town) Carles Mill. (State or country) The ask of Carles	Name of operation Date of	
	What test confirmed diagnosis? Was thara an autopsy?	
E S la C Taire	23. If death was due to external causes (VIOL ENCE) fill in also tha following:	
O 16. BIRTHPLACE (city or town) CARLOS (State or country)	Accident, suicide, or homicide? Date of injury, 19	
no. no 11: 6 11	Whera did injury occur? (Specify city or town, county and State)	
17. INFORMANT TVO VIOLUE CARLE	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Markatrung Date July - // 1932	Natura of injury	
19. UNDERTAKER (JW. 3. B. Jak 4 Sou	24. Was disease or injury In any way related to occupation of decaased? 100	
(Address) 10 (The Company)	If so, specify	
20. FILED //9 1932 Ell Doge	(Signed) Thulest male.	n
Registrar.	(Address) Basuslesso. ml.	U.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	Moy 1,1923	Other contributory causes of importance: Gostroenteritis	1 yeor

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 3/9
1. PLACE OF DEATH		(3)
County Washington		Registration Dist. No. 302
Village or City Hagers town	LIWITS OF	No. Washington County Hospital 3 Ward
Length of residence in city or town where death	(I)	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Thomas 1	Edmonds	
(a) Residence: No. 454 N.		St., 5 Ward.
(a) Residence. No.	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. S. Male Colored	SINGLE, MARRIED, WIDOWED. DR DIVORCED (write the word) Songle	21. DATE OF DEATH July 29, 193 2
5a. If married, widowed, or divorced		(Month) (Day) (Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from
II1	known 1867	duly 27 ,1932, to July 29, 1932
o. DATE OF BIRTH (month, day, and year)	known 1867	I last saw h.1 77 alive on July 28, 1937; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at
65	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	•	Chy Intersticial Nephretin Date of onsol
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	nitor	Chr. My ocardets ?
9. Industry or business in which work was done, as SILK MILL.		
A hade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Janitor 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and		
- Ins occupation (month and	11. Total time (years) spent in this	
year) occupation		Bither Contributory Causes of importance:
()	known	
	Va.	
14. BIRTHPLACE (city or town). Unki	nonds	
4 14. BIRTHPLACE (city or town) Unkr	lown	Neme of operation.
(State of country)	a	What test confirmed diagnosis? Churcal Localeme Was there an autopsy? 10
15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) Unknown (State or country)	1	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Unknow	vn	Accident, suicide, or homicide? Date of injury, 19
(State of Country)	la.	Where did injury occur?
No known relation for (Address)		(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATIDN, OR REMOVAL		Manner of injury
Place Hagerstown, Md .Date July 29 ,19.32		Nature of injury
19. UNDERTAKER Fred W. Kraiss (Address) Hagerstown, Mo	-)	24. Was disease or Injury In any way related to occupation of deceased? The
20. FILED 1/29/ , 1032 Laks	All Bowers	(Signed) State Courad M.D. (Address) Stagers town, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 weck ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

M HAST	d. Exact	PLACE OF DEATH County Washington	STATE OF MARYLAND CERTIFICATE OF DEATH
ECORD	ly classifie loate.	Village of City Clear Mring(No. Ud & D 2 FULL NAME Mes Comelia Rays	Registration Dist. No. Registration Dist. No. If death occurred in a hospital or institution, give its NAME instead of atreet and number.)
NTN	f certif	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
D og	n back of	Wildle Color or RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	Month) (Day), 1992
INDIN A PI CE Sh	8	6 DATE OF BIRTH Aug 1/4, 1856.	that I last saw h was alive on July 25h 1987.
R IS	Instruction	7 AGE (Month) (Day) (Year) If LESS than dayhrs.	The CAUSE OF DEATH * was as follows:
ARGIN RESERV TH UNFADING I	TION Is very important. Se	8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME) OF MOTHER	(Signed) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
SITE PI	tatement	13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Clear Chring Wed (Address)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs
× × ×	T	Filed Mely 29 1932 Welling Registrar Registrar.	26 UNDERTAKES ADDRESS ADDRESS ADDRESS 16 W. Saratoga et Balto Requestive V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

definite salary). may be entered as Housewife, House- 11 Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman, (b) Automobile factory. should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationery fremen, etc. But in many the first line will be sufficient, e. g., Furmer or Planter tion applies to each and every person, irrespective of cupation is very important, so that the relative health state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-Physician, Compositor, Architect, Locomotive engineer, fulness of various parsuits can be known. The queswhatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Furmer (re-Statement of Occupation Precise statement of oc-For many occupations a single word or term on without more precise specification as Day Laborer-Coal minc. etc. Wom-As examples: (a) The material

Ease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

head of "contributory." ary), 10 ds. Never report more symptoms or inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e.g., sepsis, tetanus) muy be stated under the Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or taken. For VIOLENT DEATHS STATE MILANS OF INJURY State cause "Puerperal scpticaemic," "Puerpread peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart vulsions," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" causing death), 29 ds.; Bronchopneumonia stated unless important. (secondary or intercurrent) affection need Whooping cough; Chronic valvulur heart disease; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menture of the injury, as fracture of skull, and consetrain—accident; Revolver around of head-homicide; Chronic interstitial nephritis, Poisoned by carbolic acid-probably suicide. The na-"Debillty" ("Congenital," "Senile," etc.), for which surgical operation was under-(Recommendations on state-Example: Measles etc. failure," "Haemor-Always qualify all The contributory Measles; terminal (disease (merely (secondnot be "Con-

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

6

STATE OF MARYLAND—CERTIFICATE OF DEATH If nonresident give city or town and State (Day Date of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis		1915	Attock of epilepsy	1 week ogo
Chronie interstitial nephritis	1	1921	Run over by street car	1 week ago
Cerebral hemorrhage	PECEL	July 5, 1927	Peritonitis	3 doys ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Other contributory causes		1	Other contributory causes of importance.	314
Gallstones	BUREAU	Moy 1,1923	Gastroenteritis	1 year

plnous	of OCC	1
PHYSICIANS	ict statement	
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC	
stated E	properly	TION is very important. See instructions on back of certificate.
he	be	of
plnods	it may	n back
AGE	that	tions o
supplied.	n terms, s	ee instruc
carefully	(H in plai	ortant. S
pe	EAT	imp
plnods	OF D	s very
mation	CAUSE	TION is

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 08048
1. PLACE OF DEATH		(131)
County Washington	Me LIMITS OF	Registration Dist. No. 307
Village or City Hagerstow	n	No. 67 Madison Avenue St., 2 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death	occurred 76 yrs 5 mos	death occurred in a horpital or institution, give its NAME instead of street and number) 17 ds. How long in U.S. If of foreign birth?
2. FULL NAME James T.	Feigley	
(a) Residence: No. 67 Madis	On Avenue (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE 5. White	Stngle, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	July 8, 193 2. (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of Touise Fei	gley (Decease	
6. DATE OF BIRTH (month, day, and year) Jan	mary 21, 1856	t tast law h. Long alive on July 8 , 19.37 death is said
7. AGE Years Months	Oeys tf LESS than	to have occurred on the date stated above, at 2:30A m.
76 5	17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPthNER, SAWYER, BOOKKEEPER, etc	tired Lemployee 11. Totat time (yeers) spent in this occupation	(Pomelymetrs) 1930
12. BIRTHPLACE (city or town) Hagerato (State or country) Md.	wn,	Other Contributory Causes of importence:
监 13. NAME George Feigle	У	
13. NAME George Feigley 14. BIRTHPLACE (city or town) Frederick County (Stete or country)		Name of operation Date of Wes there an autopsy?
置 15. MAIDEN NAME Eurilla Knight		23. If death was due to external causes (VIOL ENCE) filt in also the following:
15. MAIDEN NAME Eurilla Knight 16. BIRTHPLACE (city or town) Funks town (State or country) Md.		Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Harry Feigley. (Address) Hagerstown, Md.		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURTAL, CREMATION, OR REMOVAL		Manner of injury
Place Hagerstown, Md-	Date_July_10,,19_32	◆ Nature of Injury
19. UNDERTAKER Fred W. Krai (Address) Hagerstown 20. FILED // 9/ 1932		24. Was disease or Injury in any way related to occupation of deceased? NO tf so, specify (Signed) M. D. (Address) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08049
1. PLACE OF DEATH	(95°P)
county Us as hungton	Registration Dist. No. 300
Village or City Pear Sharpsburg	No. St Ward
Langth of residence In city or town whara death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U. 9. If of foraign birth? yrs. mos. ds.
2. FULL NAME Freling Hus Mis	3 erayon
(a) Residence: No. Mt. J. Brukes	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Day) (Pear) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Conference L. Ferguson	22. I HEREBY CERTIFY. That I ettended deceesed from 1937 to July 1932
6. DATE OF BIRTH (month, day, and year) } and -13-1676	Asst saw here alive on guly 119 1932; death is said
7. AGE Yaars Months Days If LESS than	Vo hava occurred on the data stated abova, at
57 6 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance ware as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEPER, atc	
S. Industry or business in which	here dilation of heart
work was dona, as SILK MILL, OU JA, K.	1 1000
O 10. Data decaasad last workad at this occupation (month and year) spent in this year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importence:
(State or country) (2) was Co. Mile	
II 13. NAME John R. Ferguson	
14. BIRTHPLACE (city or town) Dego	Name of operation Date of
(Stata of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Jana Moto. 16. BIRTHPLACE (city or town)	23. If deeth wes dua to externel causas (VIDLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Data of Injury, 19
m 811. 0 -	Whera did Injury occur? (Specify city or town, county and State)
17. INFORMANT AND THE TERRESON. (Address) Kandalanda 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Spacify whethar injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place 200-usbora Md. Date July 12, 1932	Nature of injury
19. UNDERTAKER (1) 4 3 Bust 8 Soy (Address)	24. Was disaase or injury in any way related to occupation of decaasad?
Car Each	If so, specify (Signad) . W. Levan
20. FILEO JULY 1982 Left Oliver Registrar.	(Address) Boonsboro

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPATION

OCCUPA

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	— (II)
County Washington	Registration Dist. No. 30 2
Village or City Hagerstormenate Lieute	No.Washington County Haspital 3 Ward

2.	FULL	NAME_I	lattie	Fis	he.	1
	(a) D.	aldamen Ma	Hance	nek	2	Md.

Length of rasidanca in city or town whara daeth occurrad.

Ward.

21. DATE OF DEATH

If nonresident give city or town and State

08050

(a) nes	sidence: No.	Hanco			
			(Usual place		
PERS	ONAL AN	ID STATIST	ICAL PART	ICULARS	
SEX 4. COLOR OR RACE		R OR RACE	5. SINGLE, MARRIED, WIDOWED,		
Female White		nite	OR DIVORCED (write the word) Single		
. If married, v HUSBAND (or) WIFE		orced			
DATE OF BII	RTH (month, da	y, and yaar) Oc	t 16. 19	912.	
AGE	Yaars	Months	Deys	If LESS than	
	19	9	14	1 dey,hrs.	
				1 01	

12. BIRTHPLACE (city or town)
(State or country) Hampshire County, W. Va.

13. NAME Joseph S. Fishel
14. BIRTHPLACE (city or town)
15. State or country) Hampshire Country

14. BIRTHPLACE (city or town)
(Stata or country) Hampshire County. W. Va

15. MAIDEN NAME Alice Largent.

15. MAIDEN NAME Alice Largent.

16. BIRTHPLACE (city or the man pshire County W. Va. (State or country)

17. INFORMANT Mrs Alice Wilson.
(Addrass) Hancock, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Wesley Chapel Data Aug 2 19 32

19. UNDERTAKER T.P. Jenkins.

(Address) Hancock, Md.

If so, spacify
(Signed)
(Addrass)

24. Was disease or injury in any way related to occupation of decaased?

Specify whether injury occurred in INDUSTRY

How long in U.S. if of foreign birth? _____yrs.

MEDICAL CERTIFICATE OF DEATH

July

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Registrar.

Mannar of Injury Natura of Injury

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis Caraca I	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

(N	TYSI- Exact	1 PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
5)	d.	County West Mayor	Registration Dist. No.3
RECORD	d EXACTLY priy classifie ificate.	Village of the Still by	Torsithe number.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
4	state prope f cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S V E	ay be	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
Z =	shou it m	6 DATE OF BIRTH	Steles born, 192.
BIND IS A	ACE o that ictions	(Month) (Day) , 1,93 Z (Month) (Day) Kear)	that I last saw halive on, 192, and that death occurred on the date stated above, at
OR HIS	led 8 86 stru	Still born If LESS than I dayhrs.	The CAUSE OF DEATH % was as follows:
MARGIN RESERVED F VITH UNFADING INK1	seould be carefully supper OF DEATH in plain term N is very Important. See it	3 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	(Duration)
WRITE PLAINL	Item of Information selection state OAUS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE DEST OF MY KNOWLEDGE (Informant)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) At place of death yrs. mos. da. State, yrs. mos. da. Where was disease contracted, if not at place of death? Former or usual residence.
V. S. No. 1.	N. BEvery i CIANS Statem	(Address) Wursport, mil Filed July 3, 1932 la E. Richard Registrar	Williamsport Md. July3, 19332 20 UNDERTAKER BON Williamshut
	3	If more blanks are needed, address State Registrar.	16 W. Saratoga St., Batto., Requesting V. S. No. 1. MA

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (u) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, c. g., Furmer or Plunton tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health tired 6 yrs.). For persous who have no occupation business, that fact may be indicated thus: Furmer (reor given up on account of the disease causing death to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House laborer, Farm laborer, Laborer-Coal minc, etc. Wom-(a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary fremen, etc. But in many Statement of Occupation-Precise statement of oc For many occupations a single word or term on or At Home, and children, not gainfully em-

Statement of Cause of Death—Name, first, the pris-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

BUREAU

ary), 10 ds. Never report mere symptoms or terminal ingex, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid ment of cause of death approved by Committee head of "contributory." quences (e. g., sepsis, telanus) may be stated under the as probably such, if impossible to determine definitely and qualify as Aceidental, suicidal, or homicidal, or "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uruemin," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Astheuia," causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tunuor" for malignant neoplasms); Meusles; unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) Poisoned by curbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway taken. State cause for which surgical operation was under-Chronic interstitial nephritis, Whooping cough; Chronic valvular heart discuse; vulsions." (secondary or intercurrent) affection need FOR VIOLENT DEATHS STATE MEANS OF INJURY the injury, as fracture of skull, and conse-"Debility" ("Congeuital," "Senile," etc.), (Recommendations on state-Example: Measles ete. The contributory "Anaemia" (secoud-(disease (merely not be "Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDIN

RESERVED

MARGIN

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

·r.	state JPA.		S	TATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH	08053
infor	1	1. PLACE OF	DEAT	H 4.00			159	5 21
C) 5	ould	County	de	passe	m	<	Registration Dist. No.	206
item	should of OCC	Village or Ci	ity \mathcal{E}	nels	L		No.	St.,War
	0	Length of resid	dence in cit	y or town where	daath occurred	(If mosyrs,mos	death occurred in a horpital or institution, give its NAME instead of stre ds. How long in U.S. if of foreign birth?yrs	
Every Every	[AN men	2. FULL NAT	VIF B	ett.	Delaris	. Gan	20	
	Hel	(a) Residence		7		V	St Ward.	
RECORD	HYS	(u) Resident	7C. 1EU		(Usual place	of abode)	If nonresident give city or to	
BCC	Exact				ICAL PARTI		MEDICAL CERTIFICATE OF DEA	TH
E.	LY	Fernale	1.1	or RACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) 2 (Day)	, 193 2 (Year)
BINDING	XACTL classified.	5a. If marriad, widows HUSBAND of (or) WIFE of	ed, or divor	read	V	7	22. 0 I HEREBY CERTIFY, That I at	tanded deceased for
E V	ass	(or) WIFE of	4				May 10 1937 to July	LS 1932
BIN		6. DATE OF BIRTH	5- 10 month, day	1932 , and year)			I last saw her alive on July 1/50 41, 1	931; death is sa
	ed erl; fica	7. AGE Year	rs .	Months	Days	If LESS than 1 day,	to have occurred on the data stated above, at	
FOR IS A	stated E properly certificate			2	13-	ormin.	The PRINCIPAL CAUSE OF DEATH and related causas of important were as follows:	Data of onse
- 70	be i	8. Trade, profes kind of w	ork done, a	rticular as SPINNER, PER, etc	-		Pro too	3/10
ESERVED INK-THIS		2 19 Industry or t	business In	which			y juin arme work	7/0/
SR.	may back	SAW MIL	done, as SI L, BANK, et					
SSI	E sl	O Date decaase this occup	pation (mon	ked at ith and —	11. Total t	ime (years) nt in this		
2 H 2	pplied. AGE erms, so that instructions			0 1	OCS	u pation	Other Contributory Causes of importance:	
ZI G	so ucti	12. BIRTHPLACE (cit		Varle	a for	lante	0 +1 1 104	dit
ARGIN	supplied n terms, ee instru	₩ 13. NAME	Lla	id. l	Naver-	. 1	inglisted and they	2/10/5
A	5 to 60	13. NAME 14. BIRTHPLACE	(city of to)	WD) High	whield	rend	Nama af operation Da	ita of
A E	4- 20	(State of		Mas,	le feo	mil	What test confirmed diagnosis? Was the	era an autopsy? 👠
	efully si in plain ant. See	15. MAIDEN NAI	HE M	lary. M	. sin	itte	23. If death was due to external causes (VIOL ENCE) fill in also the fe	ollowing:
Y.		16, BIRTHPLACE (State or		wn / ta	gertow	in the	Accident, suicida, or homicida? Date of injury_	, 19
Z	ld be car DEATH y import	- 1 (2tate of	1 A	n. Frage	4.00		Where did injury occur? (Specify city or town, county	nd State)
T Ta	a D o	17. INFORMANT	8	Jan.	Taras .	m	Spacify whether Injury occurred in INDUSTRY, In HOME, or In PUB	LIC PLACE.
13		18. BURIAL, CREMAT	ION, OR RI	EMOVAL	61	1	Mannor of Injury	
		Place/	set	tsel	Dale Jr	My 27, 1932	Nature of Injury	
WRIT	mation s CAUSE TION is	19. UNDERTAKER	Cser	OBA	4000	lan	24. Was disease or Injury In any way related to occupation of deceas	ed?
S. No. 1	1.3	(Address)	SI	mitter	buyo.	me	If so, specify	
S. X	11/	20. FILED July	26,i	Jes.	upt e	guson	(Signed)	D. D.
PA		0 0		If move	blanks are needed	Registrar.	(Address) July Charles Street Beltimore Proventing TV S. No.	un /a
				13 more	viants are needed,	dudien State Registrat,	2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I EIVE		Example II	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	
Ganstoneo	May 1,1925	Gastroentefus	1 year

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

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7	4	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(131) > A >
County Control of the	Registration Dist. No.
Village or City ///fagero Cours	No. Wash Co Hosler St., 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U. 9. If of foreign birth?yrsmosds.
2. FULL NAME / flomm Francle	
(a) Residence: Np. Printerior	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Muna Shorter	1 HEREBY CERTIFY. That I ettended deceased from 1937, to July 19, 1932
6. DATE OF BIRTH (month, day, end year)	Vest saw han alive on July 19, 19, 19, 32; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at 1: 30 Fa.m.
4/ /0 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BDDKKEEPER, etc.	
work was done, as SILK MILL, Brakessace	Phonic Myocardus 14.
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	
year) occupation	
12. BIRTHPLACE (city or town) Maylus - (State or country)	Other Contributory Causes of Importance:
	Chique Repliales Dyr.
13. NAME James L. Grandle 14. BIRTHPLACE (city or town) - Affacy Care or country)	
4. BIRTHPLACE (city or town) - Affacef flowed	Name of operation Date of
	What test confirmed diagnosis?
	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
m B & 60	(Specify city or town, county and State)
17. INFORMANT MACHINE MACHINE (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place July 32, 1932	Neture of injury
19. UNDERTAKER CONT. Fully 4 Son	24. Was disease or injury in any way related to occupation of deceased?
1-20- 32 / 9: 1/1	If so, specify
20. FILED. 1902 CROSS Registrar.	(Signed) M. D. (Address) M. D.
The many blanks are maded all the Co. D.	(Addicas)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II			
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	related causes Date of onset 1 week ago 1 week ago		
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
BUREAU V					

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 08055
infor state UPA	1. PLACE OF DEATH	
occ	Village or City Y Q Q Q Y S Y Q W Y	No. 44 7 Mulberry St. 4 Ward
.= 0	Oh (III	death occurred in a hospital or institution, give its NAME instead of street and number)
Every SIANS ement	Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?
Eve	2. FULL NAME - Uward Lee Oue	ss. frid
RD. Every YSICIANS statement	(a) Residence: No. 44 N. Mulberry	St., 4 Ward.
CORD. Every PHYSICIANS oct statement	PERSONAL AND STATISTICAL PARTICULARS	/ If uonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
RECORD. PHYSI Exact sta	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	Male Whi Ye Sengle (write the word)	Month) (Day) (Yeer)
BINDING PERMANENT EXACTLY ily classified.	5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
NI RM Clay	C 1 30 - 100 1	July 19 1952, 10 July, 20 , 1932
PEI PEI IA	6. DATE OF BIRTH (month, dey, and year) 7. AGE Yeers Months Devs If LESS than	Wast sew harmen elive on 1937; death is seid
	1 1 dev hts.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance
FOR IS A stated proper	8. Trede, profession, or particular	were as follows:
	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ne los Dian for Burch
RESERVED G INK—THIS IGE should be that it may be ons on back of	Industry or business in which	Profession Scarriery SWisks
SERVI NK-T should it may n back	work was done, es SILK MILL, SAW MILL, BANK, etc	
ESE. INK E sho on h		
NEGIN RES NFADING I. oplied. AGE erms, se that instructions o	year) occupetion	Other Coutributory Causes of Importance:
	12. BIRTHPLACE (city or town) MOGQX SIQUM	
MARGIN R UNFADING supplied. AG n terms, so th	(State or country)	
	13. NAME Chayles Guessfrod 14. BIRTHPLACE (city or town) A Q & Y S Y a u n	
See See	14. BIRTHPLACE (city or town) 10-9-9-8 YS 10-10-10-10-10-10-10-10-10-10-10-10-10-1	Neme of operation Date of
FEE		Whet test confirmed diegnosis? Wes there en eutopsy?
, 0 .~ ⊲	15. MAIDEN NAME TOUR Sherry 1. 16. BIRTHPLACE (city or town) Lager Stourn	23. If deeth was due to externel ceuses (VIOL ENCE) fill In elso the following:
	2 16. BIRTHPLACE (city or town) Hay 8 Y S 10 W Y	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
E PLAINIY should be ca OF DEATH	Mr. C- Boi	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PLA PLA Dould DF D	17. INFORMANT (Address) (Address) (Address)	Specify whether injury occurred in moustry, in nome, of in robert reace.
2 4 O	18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
(r) 486	Place to glystown Made July > 7, 1952	Nature of Injury
1 -WRITE mation sl CAUSE (19, UNDERTAKER TAKE ON LINGUM	24. Was diseese or injury in any wey releted to occupation of decepsed?
HOBI	(Address) Hadey Stown III	If so, specify
N. B.—)	20. FILED 7-22 1932 Charffsowers	(Signed) At Carry bre M. D.
Þ Z	Registrar.	(Address) Hagiristowy M.g.
V Laup hell	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requisiting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related caus of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 346	~ 5		
Other contributory causes of importance:	2	Other contributory causes of importance:	
Gallstones BURTAU V	May 1,1923	Gastroenteritis	1 year
1,	4		

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. No. 1

1. PLACE OF DEATH	-	(59)	
County assurage		Registration Dist. No. 307	
Village or City Landa	uoc mol	No. St., death occurred in a hospital or institution, give its NAME instead of street and numbe	War
Length of residence in city or town where	death pccurredyrsmos	ds. How long in U. 9. If of foreign birth?yrsmos	.r)
2. FULL NAME Info	ul- Hagan		
(a) Residence: No.		St., Ward.	
(a) Residence. No.	(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Hamale White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) , 193	2
a. If married, widowed, or divorced			Year)
HUSBAND of (or) WIFE of		22. HEREBY CERTIFY That I attended decease	sed fre
*	7=18-32	190 to facy 17, 1	9.6.
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months		1/ /- 5	th Is sa
	Days If LESS than 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as tollows:	e of ons
8. Trede, profession, or particular kind of work done, as SPINNER,	~		
SAWYER, BOOKKEEPER, etc		(Yapan Tura (Dirth)	
work was done, as SILK MILL, SAW MILL, BANK, etc.		July Court	
kind of work done, as SPINNER, SAWYPR, BOOKKEPER, etc ndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year)	11. Total tima (years) spent in this occupation		
M	0 10	Other Coatributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	and Haplance	C .	
	The same of the sa		
- Very Col	The state of the s		
(State or country)	people made	Name of operation Date of	
	1660	What test confirmed diagnosis? Was there an aulopsy	1?
	Chounus	23. If death was due to external causes (VIOLENCE) fill In also the following:	
(State or country)	The man	Accident, suicide, or homicide? Date of injury, 1	19
(D-7/2 U	The state of the s	Where did injury occur? (Specify city or town, county and State)	
7. INFORMANT (Address)	atod me	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Date 7 = 20 ,19 82	Manner of injury	
19. UNDERTAKER S & Sun	yout Co	24. Was disease or injury In any way related to occupation of deceased?	
(Address) Kandys ve	ex mol,	If so, specify	
20. FILED July 20, 152, En	man L. Hanken	(Signed) V. W. Lllay	M.
	O A Registrar.	(Address) Boonstock	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

m²

STATE OF	MARYLAND-	CERTIFICATE OF D	EATH
1. PLACE OF DEATH		(82-0)	08097
County Washing	tow	Regist	ration Dist. No. 30 2
Village or City 26	there	No. 2/8/West of	ide aux 5 Ward
Length of rasidence in city or town where death oc	75	death occurred in a hospital or institution, give its	NAME instead of street and number) rth?yrsmosds.
P1-	1 X	1:1	
2. FULL NAME (OLICITY)	+ 8 10		
(a) Residence: No. 2/8 W	Usual place of abode)	ESt., Ward.	resident give city or town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFIC	CATE OF DEATH
	GLE, MARRIED, WIDOWED. DIVORCED, (write the word)	21. DATE OF DEATH	4 ,193 3
5a. If merried, widowed, or vivored HUSBAND of	want	(Month)	(Ddy) (Year)
(or) WIFE of John 16	beil	22. Mai 19 1932	TIFY. That I attended deceased from to 1932
6. DATE OF BIRTH (month, dey, and year) Field	-19"1857	I last saw han alive on Jule	3 (14 , 19 32; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	
75 4	ormin.	The PRINCIPAL CAUSE OF DEATH and relat were as follows:	ed causes of importance
8. Trada, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Home	Muocardia W	wifficina
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupetion (month and	"		
10. Date deceased last worked at this occupetion (month and year)	11. Total tima (yeers) spent in this occupation		
1./2	+	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	o wing	Certiae home	outer
13. NAME TUES	Troas		
13. NAME 14. BIRTHPLACE (city or town)		Name of operation	Date of
(State of country)	rusur	What test confirmed diegnosis?	Was thera an autopsy? U.
15. MAIDEN NAME May 111. 16. BIRTHPLACE (city or town) (State or country)	Hierwan	23. If death was due to external causes (VIOLE	NCE) fill In also the following:
0 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?	Date of injury, 19
(Stete or country)	winging.		city or town, county and State)
17. INFORMANT (Address) / 40 %,	t sh	Specify whether Injury occurred in iNDUSTR'	Y, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	7/	Menner of Injury	
Plece - Nag Los Los Una Date	19.5.2	Nature of injury	
19, UNDERTAKER Constitute (Address)	2 / Lous	24. Wes diseasa or injury In any way related t	to occupation of decaased? 45
20, FILED 15-6-, 1932-6Kg	11/1 Bover	If so, specify (Signed)	Then I J. M.D.
	Registrar.	(Address) / B . Q	court, and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II	
The principal cause of dcat of importance were as follo	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1915	Attack of epilepsy	1 week ago
Chronic interstitiol nephritis	RECEIVE	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
•	AUG 0 183			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones	and and have been also as a second	May 1,1923	Gastroenteritis	1 yeor
		1		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	AL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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		OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF			(82.0)
County Village or C	Washington	wn-Wash. Co. Ho	Registration Dist. No. 302 Spitwoll St, 3 Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of resi	dence in city or town where	9	osds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NA	ME Charles ce: No. William	Eli Hetzer mspert Md R.F.D (Usual place of abode)	• St., Ward. If nonresident give city or town and State
PERSON	AL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 29. 1932 (Month) (Day) (Year)
5a. If merried, widow HUSBANO of (or) WIFE of		Holtzman	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH	month, day, end year)	Ct. 9. 1880	I les sew hum alive on well 39, 193 2 deeth is seigh
7. AGE 51 Yee		Pays If LESS than 1 day,hr	the tritory of CAOSE Of DEATH and telefor censes of importance
	ssion, or perticuler work done, es SPINNER, Al BOOKKEEPER, etc	aditor en Accounting	Hypertention
SAW MIL 10. Oete deceese this occup year)	L, BANK, etced lest worked et pation (month and 1925	II. Totel time (years) spent In this occupetion	desias
(State of Cour	ty or town) 1111am htry)	sport Md	Other Contributary Causes of Importance: - Clalfyal hemorrhage
13. NAME	Frank Hetz		
I4. BIRTHPLACE (State or	(city or town)	milton Mo.	Name of operation
			What test confirmed diagnosis?
15. MAIOEN NAI 16. BIRTHPLACE (Stete or	(city or town)		23. If death was due to externel ceuses (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?
(Address)	Frank Hetze Williamspor		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMAT			Manner of injury
		OeteAug-1, 19-3	2 Neture of injury
19. UNDERTAKER(Address)	Albert Leaf Williamspo		24. Was disease or injury In any way releted to occupation of deceased? If so, specify
20. FILEO. 7 - 3	30-,19326	Half Hower Registrar.	(Signed) (Alle fayman - M. D.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the 8.—The trade, profession, or particular kind of work done.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	STATE OF MARYLAND	CERTIFICATE OF DEATH
5	1. PLACE OF DEATH	(431)
3	County Mashueg love,	Registration Dist. No. 304
4	Villago a gity Hause of 6	No. St., Ward
	Langth of rasidenca in the flown whare death compadyrs /mos	death occurred in a hospital or institution, give its NAME instead of street and number)
	2. FULL NAME / Ary Oles abes	the Hill.
	(a) Residence: No.	E St. Ward.
	Usual piece of about	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	4. COLON ON BACE 5. SINGLE MARRIED WIDD WED.	21. DATE OF DEATH LULY 5
	5a If married widowed addisoned	(Month) (Day) (Year)
	5a. If married, widowed, or divorced HASBAND of Or WIFE of	22. I HEREBY CERTIFY, That, attended decassad from
	Total see sou	gan 1,19,20 10 July 5-1,93
te.	6. DATE OF BIRTH (month, day, and yaar)	I first saw her aliva on Helly 519 ; daath is said
certificate	7. AGE Years Months Days If LESS than 1 day hrs.	to have occurred on the data stated above, at / 2 JD ni.
erti	90 ormin.	The PRINCIPAL CAUSE OF DEATH and ralatad causes of importance wara as follows: Date of onset
of c	8. Trada, profassion, or particular klnd of work dona, as SPINNEK,	Muse of the
	SAWYER, BOOKKEEPER, atc	Mygocancula
back	9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, atc	
instructions on	- 1 this occupation (month and) Spential this	
ons	year) occupation	Othar Contributory Causes of Importance:
ict i	12. BIRTHPLACE (city or town) (State or country)	
stri		1 cupling Zama
iii	13. NAME andrew Digitar hor	
See	14. BIRTHPLACE (city or town)	Name of operation
		What test confirmed diagnosis?
an	I TIME	23. If daeth was dua to external ceuses (VIOLENCE) fill in also the following:
oort	16. BIRTHPLACE (city-or town)	Accident, suicida, or homicide?
important	Lake-to the	Where did injury occur? (Specify city or town, county and State)
very	17. INFORMANT Address)	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIA CREMANION OR KEMOVAL	Mannar of Injury
1 N	Sight WWES Self Date 7/7 132	Natura of injury
TION	10 HADERTAKED TABLES OF COLOR OF	24. Wes disease or injury in any way related to occupation of daceased?
[-	19. UNDERTAKER (Addrass)	If so, specify
and a	20, FILED 7/6, 1832 JB Seuscin	(Signed) M.D.
	Registrar.	(Addrass) Haracelly Kell
	If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting T) S. No. v.

MUDER

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
3	40		
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUP 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) S How long in U.S. if of foreign birth?_____yrs. ds. statement PHYSIC RECORD (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH 4. COLOR OR RACE DIVORCED (write the word) 193 2 (Year) 5a. If merried, widowed, or divorced BINDIN HUSBAND of EREBY CERTIFY. That I ettended deceased from 22. (or) WIFE of 6. DATE OF BIRTH (month, day, end year) certificate 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at. 1 day, The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: Date of onset 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 3 RESERVED jo CUPAT Industry or business in which back work was done, as SILK MILL SAW MILL. BANK. etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this occupation ... instructions Other Contributory Causes of importance: BIRTHPLACE (city or town). MARGIN (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis? Was there an autopsy? carefully HER important. 15. MAIDEN NAME 23. If death was due to externel causes (VIOLENCE) fill in also the following: in MOTI Accident, suicide, or homicide?_______ Date of injury________ 19 16. BIRTHPLACE (city or town) (State or country Where did Injury occur? ____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. should (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE CAUSE mation Neture of injury MOLL 24. Wes disease or Injury In any way related to occupation of (Address) If so, specify Registrar.

If rore blaks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example EIVED		Example II	
The principal cause of death and related causes of importance were as follows AUG 6 1532 Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of cpilepsy	Date of onset
Chronic interstitial nephritis TREAT V	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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state infor-

plnous

Jo

OCCUPA-

of

1. PLACE OF DEATH

Village or City

(a) Residence: No.

1873

9. Industry or business in which work wes done, es SILK MILL

SAW MILL, BANK, etc ...

10 Date deceesed last worked et this occupation (month and

14. BIRTHPLACE (city or town) ...

(Stata or country)

16. BIRTHPLACE (city or town) (Stete or country)

18. BURIAL, CREMATION, OR REMOVAL

12. BIRTHPLACE (city or town) ___

(Stata or country)

15. MAIDEN NAME

13. NAME

17. INFORMANT

19. UNDERTAKER

20. FILED

(Address)

(Address)

Years

County

2. FULL NAME

3. SEX

7. AGE

TION

A

FATHER

MOTHER

58

Female

HUSBAND of

(or) WIFE of

Washington.

11. Totel time (years) spent in this

Washington County

Washington County.

Washington County, Maryland.

Lousie Whetstone.

James Werdebaugh.

Marvland.

Maryland.

Scott Mc Kline.

Place Shanktown, Md. Date July 19,19 32

Fred W. Kraiss.

Hagerstown.

Magerstown.

occupation __

STATE OF MARYLAND—CERTIFICATE OF DEATH

			-	.0
60	Q:	f)	C	3
0	0	v	U	1

	St., Ward. If nonresident give city or town and State
1	MEDICAL CERTIFICATE OF DEATH
1	21. DATE OF DEATH
	July 16 , 193 2 (Yeer)
	i HEREBY CERTIFY Thet battended deceesed from 1 HEREBY CERTIFY THE battended deceesed from 1 HEREBY
1	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance
-	were es follows:
	Toxic thywidaul
The second secon	Other Contributory Causes of importance:
	Gastro-letterities
	Neme of operation Date of
-	What test confirmed diagnosis? Was there en eutopsy?
-	23. If death was due to external causes (VIOLENCE) fill in also the following:
-	Accident, suicide, or homicide?
Constitution of the last	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
Contractor of the last	Manner of injury
-	Nature of injury
-	24. Was disease or injury in any way related to occupetion of deceased?
- 11	
	If so, specify (Signed) (Signed) Millur terminan M.D.

Registration Dist. No.

128 John

V. S. No. 1

-WRITE

B

CAUSE

MOLL

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To b	e com	plete.	an	occupation	return	must	state:
------	-------	--------	----	------------	--------	------	--------

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

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BUREAU V.S.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attock of enilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebrol hemorrhoge July 5.1927 Peritonitis 3 days ogo Other contributory causes of importance: Other contributory causes of importance: Gollstones May 1,1923 Gostroenteritis 1 year

PHYSICIANS should state Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY, V. S. No. 1 B

	STATE	F MAR	YLAND-	CERTIFICATE OF DEATH	ones.
1. PLACE OF DI	EATH			(159)	DUUG
County Was	hington	D LIMITS OF		Registration Dist. Np. 30	2
Village or City	Høgerstev	vn -Was	h. Co. H	ospital st.	3 Ward
Longth of socidence	t = -th			f death occurred in a hospital or institution, give its NAME instead of street and r	
				sgs. How long in U.S. If or foraign birth?yrsmo	is ds.
2. FULL NAME		ranklin	Knode	111.00.	
(a) Residence: N	D	(Usual place	of abode)	St., Ward. Willeam for the It nonresident give fity or town and	State
PERSONAL	AND STATIST			MEDICAL CERTIFICATE OF DEATH	Diate
	olor or RACE hite	5. SINGLE, MAR OR DIVORCE SING	RIED, WIDOWED, D. (write tha word)	21. DATE OF DEATH	, 193
5a. If married, widowed, or	divorced				(1001)
HUSBAND of (or) WIFE of	none			22. HEREBY CERTIFY, That I altanded	
		- C -		1 1 1 1 1	, 1932
6. DATE OF BIRTH (month 7. AGE Years	. day, and yaar) Months	une 27.	1932		; death is said
XX		25	1 day,hrs.	I I I I I I I I I I I I I I I I I I I	
8. Trade, profession, o	or narticular	ione	ormin.	were as follows	Date ol onset
kind of work do	ona, as SPINNER, KEEPER, etc	fi awa		Violaturia	
	ss in which			0	~~~~~
9. Industry or busines work was dona, SAW MILL, BAT		1 11 7.4.14			
D Date deceased last this occupation year)	(month and none	spe	ime (years) nt in this XX upation		
				Other Coatributory Causes of importance:	
12. BIRTHPLACE (city or to (State or country)	wn) Hagerst	own Md	•	•	
×	rge Knode				
14. BIRTHPLACE (city of			t Ma	Name of a section	
(Stata or countr		TUMULAT	.v	Name of operation Data of What test confirmed diagnosis? Was there an a	20
15. MAIDEN NAME	K. Hannah	Bowser		23. If death was dua to external causas (VIDL ENCE) fill in also that following	
16. BIRTHPLACE (city of			Md	Accident, suicide, or homicida? Date of injury	
(Stata or count	ry)			Whera did injury occur?	
I/. INFURMANS	s John Bo Williamsp			(Specify city or town, county and State Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ICE.
18. BURIAL, CREMATION, O				Manner of injury	
	amsport M		ly231932	Nature of injury	
19. UNDERTAKER A1	pert Leaf	rt Ma		24. Was diseasa or injury in any way related to occupation of decaasad?	
20. FILED 1/23/	,193268	ios HB	Registrar.	(Signed) N. S. Stauffer (Addrass) Nagarathur Mid	M. D.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AUC 6 1639	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 08065
1. PLACE OF DEATH	93-0
County Washington	Registration Dist. No. 319
Village or City March & Maysville Me	No. St., Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME MELLEND LINER	3,
	0) W
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Furnals 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of January	22. I HEREBY CERTIFY, That I ettended deceased from
219121-1918	1930 V, 85, 10 Charly To, 1932
5. DATE OF BIRTH (month, day, and yaer) 7. AGE Yeers Months Deys If LESS than	I last saw h. O. alive on 19.5 Zideath is sald
104 LL 10 1 dey,hrs	to have occurred on the date stated above, at
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	were as follows: Date of onest
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, atc.	- Chr. Valvelas heart
kind of work dona, as SPINNER, SAWYER, BODKKEPPER, atc. 9. Industry or businass in which work wes dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date decassed lest worked at this occuration (month and	lucay
SAW MILL, BANK, etc	
10. Date decased lest worked at this occupation (month end year) occupation (conditions)	
Wall : 00, may	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town)	
13. NAME Troughtimes 14. BIRTHPLACE (city or town) Holfs villy mol,	Name of oparetion
(State or country) Firthele Co	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Wuknown	23. If daath was due to axternal causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Hulkmown	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Mrs Golding Mahre (Address) Kundysville Mot	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Product 7 = 22 193:	Manner of injury
1799 - 1 1 1 C	A A
19. UNDERTAKER (Addrass) Kundard Mills had	24. Wes disease or Injury In any wey ralated to occupetion of decaased?
1 0 10 11 3 1	(Signed) M. C. M.
20. FILED July 20, 19 12 At Lectury Registar.	(Addrass) Model to 24 el
If more blanks are needed, address State Registra	1

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Example I		Example II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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THE TANK THE			
Other contributory causes of importance:		Other contributory causes of importance:	•
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Mashington	Registration Dist. No. 20
Village or City Hagerslown	No. 1008 Sallow St. Ward fdeath occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurred 16 yrs,	
2. FULL NAME & Scatt Low	9
(a) Residence: No. 1006 Baltemare	- St. 3 Ward.
(Usual place of obode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH ULY 22 (Math) (Day) (Year)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of Cago Long	22. OUL HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (Month, day, and year) Low 5-1868	I last saw h AM aliva on July 170 , 193 2; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date states above, at 172
64 6 17 1 day, hrs	The PRINCIPAL CAUSE OF DEATH and related cause of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, A f	a man ()
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. SINDUSTRICT SAWYER, BOOKKEPER, etc.	Anthoma of prostole
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. SAW MILL, BANK, etc.	0.0
this occupation (month and	<u> </u>
yaar) occupation	Other Contributory Comes of importance:
12. BIRTHPLACE (city or town) Weshingsport (1) (State or country) 13. NAME Dovid Long	Cacheria
I 13. NAME David Long	0 7
	Nama of operation Trostot Clary Date of
(State or country)	What test confirmed diagnosis? Cartural L. Was there an aulopsy? M.
15. MAIDEN NAME Suson / Boyer	23. If death was dua to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Susain Boyer 16. BIRTHPLACE (city or town) from blood Co- (Stata or country) (Stata or country)	Accident, suicide, or homicide? Data of injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Specify whether Injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Place Date 19.2	Natura of Injury
19. UNDERTAKER Milliam H Lowery	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Smithille	If so, specify
20. FILED 1/24/, 1932-Chosf+Bockers. Registrar.	(Signed) (Address) (Address) (Address) (Address) (Address) (Address)
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

PLACE OF DEATH	(as-l)	
County Washington Village Mt. O Class	100	Registration Dist. No. 305
Village 7M. O. Cena	No.	on, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	mosds. How long in U.S. if of	
FULL NAME William Erris	my Lum	

2. FULL NAME Williams Errory L	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5e. Iff married, widowed, or divorced HUSBAND of (or) WIFE of	21. DATE OF DEATH (Month) (Day) (Year) 22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Days If LESS twan 1 day,hrs. ormin. 8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year)	I lest saw h alive on, 19, death is said to heve occurred on the date stated above, at, 7 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: Date of onset Thompson
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. NAME 18. Dankley 19. Cond. 19. Cond. 10. Cond. 11. INFORMANT 12. LINEDRMANT 13. NAME 14. Dankley 15. MAIDEN 16. BIRTHPLACE (city or town) 17. INFORMANT 18. Cond.	Name of operation

(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

If so, specify

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B. ż mation should be carefully supplied.

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1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year		
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:		

Patient was seen after death occurred and trong examination
Patient was seen after dealt occurred and from examination
Alle presented alkerna takubles threid in Chest &
I bloody thath on life - That never examined patient
perfore - but history Ishoms he was refused the lus. of Heart dise

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATI 000 should Registration Dist. N County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) CO ds. How long in U.S. If of foreign birth? Every statement PHYSICIAN 2. FULL NAME RECORD. Ward (a) Residence: No. If nonresident give city or town and State (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3.SEX 4. COLOR OR KACE 21. DATE OF DEATH 5, SINGLE, MARRIED, WIDOWED, OR DIVORCED (write Me word) (Day (Month assified. CI 5a. If married, widowed, or divorced HUSBAND of hat I affended deceased from (or) WIFE of C 6. DATE OF BIRTH (month, day, and year) properly Days If LESS than 7. AGE Years Months to have occurred on the date stated above, day, ____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows 8. Trade, profession, or particular NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which may back should OCCUPA work was done, as SILK MILL. SAW MILL, BANK, etc .. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this that occupation instructions Other Cuntributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) FATHER See 14. BIRTHPLACE (city or town plain (State or country carefully What test confirmed diagnosis? HER 28. If death was due to external causes (VIOLENCE) fill in elso the following: important in MOT Accident, suicide, or homicide?_____ Date of Injury_____ DEATH 16. BIRTHPLACE (city or town) (State or country Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 17. INFORMANT should (Address) OE 18. BURIAL CREMATION OR REMOVAL Manner of injury CAUSE mation Nature of injury LION 24. Was disease or injury in any way related to occupetion of deceased? 19. UNDERTAKER (Address) If so, specify (Signed). Registrar. (Address) __

BINDIN

RESERVED

MARGIN

0/2

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Year)

death is said

Date of enset

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Example-I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage BUREAU V &	July 5,1927	Peritonitis	3 days ago	
Other centributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(Address) LA-BURIAL, CREMATION.

(Address)

19. UNDERTAKER

20. FILED

LION

S. No.

OR REMOVAL

_Data

should

If so, specify (Signed) Registrar. (Address)

Date of onset

Manner of Injury

NeTure of injury

24. Was disease or injural

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
AUG IT 1832				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

A	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	€ Co. D
73/	county Washington	Registration Dist. No. 30 2
should of OCC	Village or City Nagerstown	No. Mash Co Hospital St. 3 Ward
·= 9	Langth of rasidence in city or town whara death occurredyrsmos.	death occurred in a hospital or institution, give it NAME instead of street and number) ds. How iong in U.S. If of foreign birth?
RD. Every YSICIANS statement	2. FULL NAME Harold 1 Ibud TT:	\es.
SIC ate	(a) Residence: No. 2200 Virginia Ave	Ward.
	(Usual place of abode)	If nonresident give city or town and State
RECO . PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
K K	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
r L	5a. If married, widowed, or divorced	(Month) (Day) (Yaar)
RMANEN X A C T I classified.	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from
X X A	× 0 0 100	7/2 ,1937, to 1/4 ,1937
PERM EX/ ly clan ate.	6. DATE OF BIRTH (month, day, and year) 2 43 2 7. AGE Years Months Days If LESS than	I last saw h 19.5 4 death is said to have occurred on the date stated above at 12 Pm
IS A PE stated E properly certificate	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance
sta pro cert	8. Trada, profassion, or particular	ware as follows: Date of onset
HIS be be of	8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Hemorshare
vK_T should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	
S sho t it n on b	Q 10. Date daceasad last worked at 11. Total time (years)	
	this occupation (month and spant in this occupation	
NFADING pplied. AGF erms, so tha instructions	12. BIRTHPLACE (city or town) HOGLYSYOWY	Other Contributory Causes of importance:
od. S, S	(State or country)	
UNFA supplied a terms, ee instru	13. NAME by a thinks.	
H .= 70	14. BIRTHPLACE (city or town) 10 a ex 570 wn	Name of operation
HE'S		What test confirmed diagnosis? Was there an aulopsy?
. 5 ·~ G	E	23. If death was due to axternal causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?
LY CA Por	16. BIRTHPLACE (city or town) 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Where did injury occur?
AINLY, d be can DEATH y import	17. INFORMANT 1-184 A TT : 185	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA should OF D	(Address) Hageystown III d.	
[-]	18. BURIAL, CREMATION, OR REMOVABILITY OF 1932	Manner of injury
-WRITE mation s CAUSE TION is	Piaco 1 1 4 Date 4 5 , 19 3 4	Nature of injury
CA TIC	19. UNDERTAKER FILL COXY MAN	24. Wes disease or Injury in any way ralated to occupation of deceased?
B.	7-6- 2 1 Charther 10 1h	(Signad) AS Porterfield M.D.
z	20. FILED 19.2 Programme Registrar.	(Address) 136 W Washingtons &

Dr Porter Kield.

MARGIN RESERVED FOR BINDING

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Evample II

Example 1		Example 11	CAUSES Date of onset			
The principal cause of death and related of importance were as follows:	d causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
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Other contributory causes of importance	e:	Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 08070	
County Washing Alaman	Registration Dist. No.302	
Village or City Y Q Q LY SY a w m	ND. 10 12 Sa - 16 To mac St., 3 Ward death occurred in a horpital or institution, give its NAME instead of street and number)	d
	ds. How long in U.S. if of foraign birth?yrsmosds.	j.
(a) Residence: No. 10 12 Su. Po Yoma e (Usual place of abode)	St., J Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	-
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Suly > 5 (Month) (Day) (Yaar)	_
5a. If marriad, widowad, or divorced	(month) ((bay) (taet)	
HUSBAND of Or) WIFE of HanaL.	22. April 1932, to July 2051, 1932	
6. DATE OF BIRTH (month, day, and year) Tay 14-1859	I last saw ham aliva on sulsy 24 . 1932; death is said	đ
7. AGE Years Months Days If LES9 than 1 day	to have occurred on the date stated above atm. " The PRINCIPAL CAUSE OF DEATH and related causes of importance	
\ 3 \ 2 \ 11 \ ormin,	wera as follows:	- t
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.		
kind of work done, as SPINNER, SAWYER, BDDKKEPFER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and 4.7.7.4.8.1) 11. Total time (yaars) spent in this	Clateria selerosis ?	-
O 10. Date deceased last worked at this occupation (month and 431		-
12. BIRTHPLACE (city or town) J. Mux. mun X.	Dithar Contributory Causes of Importance:	-
(State or country) W 13. NAME 2 0 000 VV. TT uvdock.	arterisaclesons	
13. NAME 20 M. Thurdock. 14. BIRTHPLACE (city or town) COOKSX a con (State or country)	Nama of operation Date of	-
1 1 2 1 6 1 7	What test confirmad diagnosis?	2
16. BIRTHPLACE (city or town) Thus mont	23. If death was dua to extarnal causes (VIDLENCE) fill In also tha following: Accident, suicida, or homicida?	
- (State of County)	Whara did Injury occur? (Specify city or town, county and State)	-
(Address) Hage 1stown in d	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, DR REMOVAL PIACE TO A STATE TO STA	Mannar of injury	-
19. UNDERTAKER A.K. Cuxxman	24. Was disease or Injury in any way related to occupation of deceased?	-
20. FILED //25/ 1932 6 Kost Borners. Registrar.	(Signed) M. D. (Address) Hagerstann Md.	D.

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Chronic interstitial nephritis		1921	Run over by street car		
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
	restat.	IV FIT			
Other contributory causes of importance:		May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
	BURMA	v.a.			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

BINDING

FOR

RESERVED

MARGIN

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

- te -	STATE	OF
opinfo UP sta	1. PLACE OF DEATH	,
of of other	County Wash	~
item of should of OCC	Village or City 16 a.g.	in
. 00 / 1	Length of residence in city or town when	e death
Every CIANS tement	2. FULL NAME Eliz	0
RD. F YSIC state	(a) Residence: No.	10
PH act	PERSONAL AND STATIS	TICA
RECOR. Pl	3. SEX 4. COLOR OF RACE,	5.
d.	Janale While	
C T Sifice	Sa. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	/
RMANEN X A C T I classified	(4) 1112 01	
For For	6. DATE OF BIRTH (month, day, and year)	A
FUK BIND. IS A PERMA stated EXA properly class certificate.	7. AGE Years Months	
	8. Trade, profession, or particular	1
HIS Pe	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	L
NK—T should it may in back	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
INF INF Sh tr t	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
AKGIN KES NFADING I pplied. AGE erms, so that instructions	26	C
d. so	12. BIRTHPLACE (city or town)	(
UNFA UNPlied upplied terms,	13. NAME Clelle	w
	14. BIRTHPLACE (city or lown)	1
Ily S	(State or country)	
INLY, WITH be carefully EATH in pla important.	15. MAIDEN NAME Sand	N
car TH port	O 16. BIRTHPLACE (city or town) (Stata or country)	
PLAINLY ould be c F DEAT	(XX/./1	1/0
PLA hould OF D	17. INFORMANT. (Address)	5,
- get (*) per	18. BURIAL, CREMATION, OR REMOVAL	-
-WRITI mation : CAUSE TION is	Place / leggest con	
B.—WRITE mation sl CAUSE TION is	19. UNDERTAKER OF COMMENTAL (Address) A Care of Comments	1
N. B.	7-57/32/	7
z ·	20. FILED./	in a

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-2
county Washington	Registration Dist. No.
Village or City 16 a grantown	No (15/11) Wash st X/ Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?
2. FULL NAME Olysale The	Kagay
(a) Residence: No. / S / U/ U as a	/st./ X Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF BACE, 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Fanal Whater OR DIVORCED (write the word)	(Month) (Day) (Year)
oa. If marriad, widowed, or divorcad	A // /
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
0/ 1/ 1000	July 23/ 192 10 July 26. 1822
6. DATE OF BIRTH (month, day, and year)	last say h. alive on the first said
7. AGE Years Months Days If LESS than I day,	to have occurred on the date stated above, at
82 3 / O of Train.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	A1
SAWYER, BOOKKEEPER, etc.	Copyrum Myrcarateo males.
9. Industry or business in which work was dona, as SILK MILL,	1-1-1-1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total lime (years) this occupation (month and	With auncular Fibrillation
this occupation (month and spent in this occupation yaar)	+ De Compensalian.
260 a 0 En louise	Other Contributory Causes of imporlance:
12. BIRTHPLACE (city or town)	
(State or country)	
14. BIRTHPLACE (city or lown) Wash Co	A
14. BIRTHPLACE (city or lown) Wash Co	Name of operation Name Date of
(State of County)	Whal test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME CANAL COMPLEXION (State or country)	23. if death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Maddy Co	Accident, suicide, or homicide? Data of injury, 19
S (State or country)	Where did Injury occur?
17. INFORMANT CALL CALL CALL	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) & 3 W, Wash St.	***************************************
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place / Cegero Course Date 12 1900	Nature of injury.
19. UNDERTAKER CLUSTELLY & Love	24. Was disease or injury in any way related to occupation of deceased? 10
(Address) & a for storing and	If so, specify — A
7-27- 32/26 41/2	(Signed) 5, 15. Dreisley M. D.
20, FILED , 19 Registrar.	(Address) 148 W. work St. Hag aro from by
The more blanks are moded address State Parish as	N. Charles Street Beltimore Promotor 71 S No.

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Chronic interstitial ne	phritis	1921	Run over by street car		
Cerebral hemorrhage	Ri Cin	July5,1927	Peritonitis	3 days ago	
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones	BUREAU	May 1,1923	Gastroenteritis	1 yeor	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08073
1. PLACE OF DEATH	a
County Mashing low	Registration Dist. No. 304.
Village or City 1/2 Zhancoel 6	NoSt.,Ward
Length of residence in city or lown where teath occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Saland Ceel	
(a) Residence: No. P. D. N. 3. Molional 11	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Parie the word)	21. DATE OF DEATH 7/15/37 (Oay) (Year)
5d. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
6 DATE OF BIRTH (month day and year) 7/15 37	, 19 , to , , 19 , , 19 , . , 19 , . , death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the data stated ebove, atm.
Till Bose 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH on related causes of importance were as follows
9 Tends profession or national	Date of onset
Andustry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
O ate deceased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city of town) Washes m	Other Contributory Causes of Importanca:
(State or country)	
14. PIRTUPLACE COST CONTO	0
14. PIRTUPLACE (city or town) Commerce Coch Commerce (State or country)	Mame of operation
	What tast confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME / AOM Codley 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?
E (State or gountry)	Where did injury occur?
17. INFORMANT Office of the Colo and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place fallicocff Med Date / 10 , 1932	Nature of injury
19. UNDERTAKER SHALL COCK 5 200	24. Wes disease or injury in any way releted to occupation of deceased?
20. FILED 7/16, 1832 I 9 Jeus Cue	(Signed) 1. 14. I or at 1 M.D. (Address) I area of M.D.
To move blank are model address Serie Dain	N Chalassa Balina Barra Alas N

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclcrosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year	

should state

stated EXACTLY. PHYSICIANS

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

properly classified.

certificate.

See instructions on back of

Exact statement of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

20		16	mi,		
V	X	11	8	11	
V	V	0		-A	

1. PLACE OF DEATH	(H ₂)
county Washington	Registration Dist. No. 302
WIND CORPORATION	No. 533 Peynold Drst Zward
Village or City Plagers Pown:	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whare deeth occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ello W Penns	
L	6
(a) Residence: No. 722 2018 m Fly 2 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	July 12 1932
5a. If merried, widowed, or divorced	(Month) (Oay) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(61) 1112 61	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	I last sew h alive on, 19; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the deta stated abova, at
43 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were as follows:
8 Trade profession or particular	Pair : don't know the tonion the Date of onset
kind of work done, as SPINNER, Sea MS Yess	took it all ews6?
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, atc. 10. Oate deceased lest worked et this occupation (month and	Left-admirabled
SAW MILL, BANK, atc	
11. Total time (years) this occupation (month and	much
year) July 11-1932 occupation 10-419	Other Coutributory Causes of importence:
12. BIRTHPLACE (city or town) Augets Cyoss Rd	is a second seco
(Stata or country) TTT d	
E 13. NAME Lewis Benney.	
14. BIRTHPLACE (city or town) + alxway	Name of operation Data of
(Stata or country)	What tast confirmed diagnosis? Was there an aulopsy?
# 15. MAIDEN NAME OC V LACCE H GARYMAN.	23. If deeth wes due to external causes (VIOL ENCE) fill in elso the following:
15. MAIOEN NAME Day baa Hagerman.	Accidant, suicide, or homicide?
2 16. BIRTHPLACE (city or town) 77 0 9 2 7 5 7 0 w 7	Where did Injury occur?
1	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Hay by town. Trd.	Syciny who are injury occurred in the south, in nome, or in results reach.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Piaco St. Tauls III Noate July 14, 182	Nature of Injury
715 0	
19. UNDERTAKER HILL COLLYNAL (Addrass)	24. Wes disease or injury in any way related to occupation of decessed?
(Address) Hage Chatown (1)	(Signed) A Reskard Derfer Gurre M.O.
20. FILED _ 10 to play 11 bound	The state of the s
Registrar.	(Address) Langue Line 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. P.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURHAU V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH		93-c) 080
County Washing to	72	Registration Dist. No. 306
Village or City Cageno	4	No
Length of residence in city or town where de		If death occurred in a horpital or institution, give its NAME instead of street and numb- isds. How long In U.S. if of foreign birth?yrsmos.
2. FULL NAME Susa	m. Rover	
(a) Residence; No.		St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE		MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
I White	OR DIVORCED (write the word)	21. DATE OF DEATH 2 22 . 193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Report of Control of Contro	S. Royer	227 - I HEREBY CERTIFY, Thet I ettended decer
6. DATE OF BIRTH (month, dey, end yeer)	ecember 28 1868	I last sew here alive on 7-15 193 2 of
7. AGE Years Months	Days If LESS than	to heve occurred on the dete stated above, et 10:45
63 6	2 4 1 dey,hrs.	The PRINCIPAL CLOSE OF DEATH end related causes of Importance were as a nows:
8. Trade, profession, or particular kind of work done, as SPINNER,	buse with.	Chromb myocarde
SAWYER, BOOKKEEPER, etc.	was ways	1
work was done as SILK MILL	wa forme	V
SAW MILL, BANK, etc	11. Total time (yeers) spent in this	
year)	occupation .	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) Dune	/ ledge Jument	
(State or country)	maner	
± / ¬m.,	erwille	
4. BIRTHPLACE (city or town) (Stete or country)	md.	Whet test confirmed diagnosis?
15. MAIDEN NAME Sara	Im & Clair	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	certicle	Accident, sulcide, or homicide? Dete of Injury
(State or country)	I md.	Where did Injury occur?
17. INFORMANT Mrs. Faux (Address)	Wolfer instoro	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL	0.1.25	Menner of injury
Place Macade MA.	Dete 193-	Neture of injury
19. UNDERTAKER Comest /t.	Michel	24. Wes disease or Injury In any wey releted to occupetion of deceesed?
(Address)	enstoro. fa.	Il so, specify
20. FILED July 24, 19 8801	u Jeguson	(Signed)
1	Registrar.	2, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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I	Example I	5	Example II	
The principal cause of de of importance were as follows:	lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	4 19.2	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	HULL U V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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08076

1. PLACE OF DEATH	157-2
County Washington	Registration Dist. No. 30 Z
Village or City Hagerstown	No. 511 W. Church St., 5 Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. If of foraign birth? yrs. mos. ds.
2. FULL NAME Child of Samuel	
(a) Residence: No. 511 W. Church St (Usual place of abode)	If nonresident give city or town and Stale
PERSONAL AND STATISTICAL PARTICULAR	RS MEDICAL CERTIFICATE OF DEATH
Female 4. color or RACE 5. SINGLE, MARRIED, WILL OR DIVORCED (write to Single)	DOWED, he word) 21. DATE OF DEATH July 6 (Month) (Oay) (Year)
5a. If married, widowad, or divorcad HUSBANO of (or) WIFE ot	22. I HEREBY GERTIFY. That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) July 6, 193	
	ESS than to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Infant Child work wes dona, es SILK MILL, SAW MILL, BANK, atc.	Tatulon Joramen or ale
10. Date decaasad last workad at this occupation (month end year) occupation	
12. BIRTHPLACE (city or town) Hegerstown (Stete or country)	Other Coutributory Causes of Importance:
13. NAME Samuel M. Shackelford	
14. BIRTHPLACE (city or town) Shepherds town (State or country) W. Va.	Name of operation Date of Whet test confirmed diagnosis? Was there an autopsyl
15. MAIOEN NAME Mary Eyler	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Hagerstown (State or country)	Accidant, suicide, or homicide?
17. INFORMANT Samuel M. Shackelford, (Address) Hagerstown, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, Md Date July 7.	Manner of Injury
19. UNOERTAKER Fred W. Kraiss, (Address) Hagerstown, Md.	24. Was diseasa or injury in any way efaced to occupation of deceased? If so, spacify
20 FUED /- /- 1932 Strant Box	(Signed) (Signed) M. D

V. S. No. 1

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stated EXACTLY. IS A PERMANENT

MARGIN RESERVED FOR BINDING

properly classified.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

certificate.

See instructions on back of

TION is very important.

Registrar.

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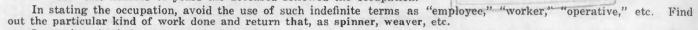
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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BURDAU V. S.	i i		
Other contributory causes of importance:		Other contributory causes of importance:	
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	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
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STATE O	F MARY	AND-CERT	IFICATE	OF	DEATH
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1. PLACE OF DEATH	(8)
County Washington	Registration Dist. No. 36 Z
Village or City Jouces lown	No. 907 Fanvale St. 2 War
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,m	osds. How long In U.S. if of foreign birth?yrsmosd
2. FULL NAME unamen chlu,	Emert Fochs
(a) Residence: No. 9D J Lawrence 870 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 1932 (Month) (Day) (Teat)
HUSBAND of Orem alu	22. I HEREBY CERTIFY, That I attended deceased from
	, 19, to, 19, 19
8. DATE OF BIRTH (month, day, end year)	i last saw h; deeth is sel
AGE Years Months Days If LESS than Orcumaling for the state of the st	were as follows:
9 Trade profession or particular	Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc.	ac
9. Industry or business in which	4
work was done, as SILK MILL, SAW MILL, BANK, etc	- Ch
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	3 mo
12. BIRTHPLACE (city or town) Hazenbown My (State or country)	Other Coatributary Causes of importence:
14. BIRTHPLACE (city or town) / Myers www hag	Neme of operation Dete of
(State of country)	Whet test confirmed diegnosis? Was there an eutopsy?
15. MAIDEN NAME Cinna themalu	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Carra Abrender 16. BIRTHPLACE (city or town) Hazers burns (Stete or country)	Accident, suicide, or homicide?
7. INFORMANT Enert - Judoi (Address) Homenhown	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Premises Date Juny 14,19 3	
9 UNDERTAKER Emes- Suds	24. Was disease or injury in any way releted to occupation of deceased? 20
(Address) Hugentown	If so, specify
20. FILED 7-15- 1934 Class House	(Signed) M. M. (Address) Hugers lower hug.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

Z 193

(Year)

Date of onset

1. PLACE OF DEATH

Registrar.

(Address)

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E	xample I	1	Example II	
The principal cause of dea of importance were as foll	ath and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis Cerebral hemorrhage		1921	Run over by street car	1 week ago 3 days ago
		July 5,1927	Peritonitis	
	RECEIVE	5		
Other contributory causes Gallstones	of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	BUREAU V.			

of OCCUPA.

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STATE OF MARYLAND-CERTIFICATE OF DEAT

	4.0400
Ή	08080

Length of residence in city or town where death occurred O. yrs. mos. ds. 2. FULL NAME Sarah Jane Trayer (a) Residence: No. Same St., (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 16EX ale 4. COLONGREACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wild Wed 5a. If married, widowed, or divorced HUSBAND of	Registration Dist. No. 30 St. Warred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth? yrs. mos. ds Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH TE OF DEATH July 3 1932
Length of residence in city or town where death occurred one of the course of the cour	Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
Length of residence in city or town where death occurred of the control of the co	Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH TE OF DEATH
2. FULL NAME Sarah Jane Trayer (a) Residence: ND. Same St., (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS SEX. 16 MARRIED, WIDOWED, OR DIVORCED (write the word) Wild Wed 5a. If married, widowed, or divorced HUSBAND of	Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH TE OF DEATH
(a) Residence: ND. Same (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS SEX. 4. COLON OR PRACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED Sa. If married, widowed, or divorced HUSBAND of	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH TE OF DEATH
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3.5EX 1.6	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH TE OF DEATH
4. COLOR PROCE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED, WIDOWED, HUSBAND of HUSBAND of	MEDICAL CERTIFICATE OF DEATH TE OF DEATH
ia. If married, widowed, or divorced HUSBAND of	
HUSBAND of	July 3 1932 (Day) (Yaar)
(or) WIFE of Sampson A Traver	I HEREBY CERTIFY. That I attended decaased fro
DATE OF RIRTH (month day and year) Mar 12.1849 Hast saw	ul 13,193210 July 2,193
AGE Years Months Days If LESS than to have oc	ccurred on the date stated above, at 6. A m.
ormin, were as fo	NCIPAL CAUSE OF DEATH and related causes of importance follows:
8. Trada, profassion, or particular kind of work done, as SPINNER, Housework	ic
SAWYER, BOOKKEEPER, etc. At home	Duration: not known, Gw. 50.
work was done, as SILK MILL, SAW MILL, BANK, etc.	10 4' +2
kind of work done, as SPINNER, Housework SAWYER, BOOKKEPER, etc. 1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked et this occupation (month and 1931 year) 11. Totel tima (years) spent in this life occupation	Muration; not known, Gu. 401,
Beonesbore Md Dther Con 2. BIRTHPLACE (city or town).	atributory Causes of importance:
(State or country)	sulity.
13. NAME GETRANY	
	operation Date of
(State of country) What test	confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Houpt 23. If death	h was due to extarnal causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Middletewn Md Accident,	sulcide, or homicide? Date of injury
(Stata or country) Where did	d Injury occur? (Specify city or town, county and State)
7. INFORMANT Williamsport Md Specify wi	hether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL PARILLIAMS PORT Md Date July 5 ,19 32 Manner of Nature of	f injury
arear rear	sease or injury in any way related to occupation of deceasad?
(Addrass) If so, spec	ecity Old Collection
20. FILED JULY 5th, 1932 O. O. Well Mand Registrar. If more blanks are needed, address State Registrar, 2411 N. Chan	(Address) / toansterm-had

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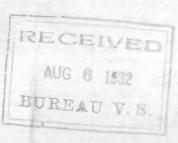
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Beans			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLA PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Lours (No 132 If death occurred in hospital or institulon, give its NAME in-MEDICAL PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 1 COLOR OR RACE | 5 SINGLE, 3 SEX MARRIED, Married (Month) should OR DIVORCED (Write the word) CERTIFY That I attended the deceased from BINDING 6 DATE OF BIRTH 1923 to at that I last saw h alive on [/ nstruction (Day) (Year) and that death occurred on the date stated stove, at 0 7 AGE If LESS than The CAUSE OF DEATH & was no follows: I day hrs. term .ds. or ... min. ? 8 OCCUPATION RESERVED (a) Trade, profession or particular kind of work ... ATH in plain important. (b) General nature of industry business, or establishment in ... (Duration) ... which employed or (employer) ... 9 BIRTHPLACE (State or country) . (Duration)yrs. MARGIN D LU 0 10 NAME OF (Signed) FATHER OL 0 11 BIRTHPLACE FZ State the Disease Calsing Death, or, in deaths from OF FATHER 0 ent Causes, state (1) Means of Injury: and (2) whether (State or country) 143 Acidental, Suicidal or L'omicidal. 00 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death yrs. ...mos......da. State......vrs.........mos. (State or country) should Where was disease contracted, of if not at place of death?..... KNOWLEDGE Every Item CIANS shot Statement Former or usual residence. DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL S.V. ADDRESS UNDERTAKER 00 Registrar more blanks are needed, address State Registrar. 16 W. Saratoga St., Balte., Requesting V. S



If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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cipal cause of death and related causes tance were as follows: epilepsy by street car	Date of onset 1 week ago 1 week ago
by street car	1 week ago
8	3 days ago
	1 year
	contributory causes of importance:

	2	
		A CONTRACTOR OF THE PROPERTY O

N. B.

STATE OF MARYLAND—CERTIFICATE OF DEATH

STATE OF MARTERIES	SERTIFICATE OF BEATTI
1. PLACE OF DEATH	(95-6)
County Washington	Registration Dist. No. 306
Village or City Deus-/ Wille	No. St., Ward
Length of residence in city on town where death occurredyrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
toma 10 (11/1x0	1 rint
2. FULL NAME OF OF OF	
(a) Residence: No. 22 2 W. Avaulli (Usual place of abode)	St., S Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If marriad, widowed, or divorced	(Mgnth) (Day) (Year)
(Con Mario Edur E. Wordsugar	22. 1 HEREBY CERTIFY, Than I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sett 17" 1872	Plast saw h Lt alive on July 9 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2:00 a.m.
59 9 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z 8. Trade, profession, or particular	Date of onset
kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, atc	Centerio - Scherolic 8-9
SAWYER, BOOKKEEPER, atc	cardy-vascular disease you
SAW MILL, BANK, etc	
10. Dato deceased last worked at this occupation (month and yaar) 11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (city or town) Trencastile	Other Cantributary Causes of Importance:
(Stata or country)	17/1
II 13. NAME LOS DENTREY	Hulmonary Calme
14. BIRTHPLACE (city or town) Lucuvereburg	Name of operation
(Stata or country), Pu	What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME Reave Charmen	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Chambers 16. BIRTHPLACE (city or town) Special Constitution of the Constitution of th	Accident, suicide, or homicide? Data of injury19
State or country)	Where did injury occur?
17. INFORMANT & E. E. Wordswer	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 2 LZ Wi Krani (Slin)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Nag & 10 Www. Date // 2 , 19-3 2	Nature of injury
19. UNDERTAKER Bustuter Hous	24. Was disease or injury in any way related to occupation of decaased?
(Address) Hagen tour Mid	If so, specify
20 EUEDWLY 11 3 Hlands Fligueson	(Signed) J. B-Lyon M. D.
20. FILED Registrar.	(Address) 425 Dellament Cive.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 b 4 4 1	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	-505-74 DEW	3 days ago
				1
Other contributory causes of importance:		Other contributory ca	uses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	7
1. PLACE OF DEATH		1)
County Walling Con	Registration Dist. No.)
Village or City 76 agsnotown	No. 2 2 2 Advantagest, 5 death occurred in a hospital or institution, give its NAME instead of street and number	Ward (
Length of residence in city or townwhere death occurred		
2. FULL NAME & dev, 6, W	TESSUEL	
(a) Residence: No. 222 W: Horando	ex. St., Ward. If nonresident give city or town and State	e
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH July 27 19.	
5e. If married, widowed, or goorced	(Month) (Dáy)	(Year)
(or) WIEE of Coya a Wordship	22. I HEREBY CERTIFY, That I attended dece	ased from
6. DATE OF BIRTH (month, day, and year) Feb 14" 1859	I last sew h Line alive on July 26, 1932; de	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$ 130 A.m.	
73 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ate of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	4	
Industry or business in which	angina Perfores	
work was done, as SILK MILL, SAW MILL, BANK, etc.		
O 10. Date deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation occupation.		
12. BIRTHPLACE (city or town) Hay Englavery	Other Contributory Causes of importance:	
(State or county)	Mone	
II 13. NAME PACTO WOESSISE		
13. NAME CONTROL 14. (SIRTHPLACE (city or town) 10. (State or country)	Name of operation Date of	
(State of County)	What test confirmed diagnosis? Was there en autop	osy?
15. MAIDEN NAME CREEK SELECTION OF EACH COUNTY (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
6 16. BIRTHPLACE (city or town) That I Em town	Accident, suicide, or homicide? Date of injury	., 19
(State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT CATTLE TO ESSAUST	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18, BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Piace Toagessoloum Date 129, 1932		
19. UNDERTAKER Bustules alons	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Hagy Jone Gld	If so, specify (Singer)	M D
20. FILED // 193 2 Charles Tower Registrar.	(Signed) (Address)	M. D.
Kegistrar.	(Mulicoo)	

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Example I			Example II		
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Chronic interstitial	l nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones		May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
	BURGAU VIN				

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH plnods Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occur How long in U.S. if of foreign birth?_____yrs.____mos.__ PHYSICIAN 2. FULL NAME RECORD. (a) Residence: No. If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Month) (Day) (Year) 5e. If married, widowed, or divorced HUSBAND of 22. CERTIF (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) properly Years 7. AGE Months If LESS than to have occurred on the date stated above l day,hrs. The PRINCIPAL CAUSE OF DEATH end related causes of Importanca or min. were as follows Date of onset 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.___ OCCUPATION may back 9. Industry or business in which pluods work was dona, as SILK MILL, SAW MILL, BANK, etc.... O. Dete daceased last worked at On 11. Total tima (yaars) this occupation (month and spent in this that yaar) _____ occupation instructions Other Contributory Causes of Importence: (State or country) FATHER 13. NAME I4. BIRTHPLACE (city or town) Neme of operation. (Steta or country) refully What tast confirmed diagnosis? ----- Was there en eutopsy?_ ld ui 15. MAIDEN NAME important. MOTHE 23. If death was due to external causes (VIOLENCE) fill in also the following: OF DEATH Accident, suicide, or homicide?______ Date of injury______, 19___ 16, BIRTHPLACE (city or town (Stata or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. pluods 17. INFORMANT very (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE LION Nature of injury_ 24. Was disease or injury In 19. UNDERTAKER (Address) If so, specify (Signad) Registrat If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

MARGIN RESER

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were as	f death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Dato of onset
Arterioselerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronie interstitial neph	ritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	MIG 9 1932	July 5,1927	Peritonitis	3 days ago
	BUREAU V 8	1		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1-11-11-11

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	N

	+ te +	STATE OF MARYLAND—	CERTIFICATE OF DEATH 3//
(0)	infor- state UPA.	1. PLACE OF DEATH	
133	of of CC	county Washington	Registration Dist. No. 302
(M	item of should of OCC	Village or City X Q Q Q Y S Paw n	No. 72 Madison Five st. 2 Ward
			death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
	RECORD. Every PHYSICIANS Exact statement	2. FULL NAME Peggy Lavaine 301	
	SIC ate	(a) Residence: No. 12 Madison (Av.	St: Z Ward.
	HY:	(Usual place of abode)	If nonresident give city or town and State
Q	RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
		3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEO, OR DIVORCED (write the word)	21. DATE OF DEATH July 23
7	TLY TLY	5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
Z	Sife	HUSBANO of (or) WIFE of	22. I WEREBY CERTIFY, That Lattended deceased from
RINDING	RMAN X A C		19 3 to 7 2 3, 19 3
RI	E E	6. DATE OF BIRTH (month, day, and year) Tuq 29-1931	i last baw h. C. T. aliva on
FOR	IS A PE stated E properly ertificate	7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
T.	IS A PE stated E properly certificate	10 25 ormin.	were a follows: Oata of oneet
- 6		Kind of work done, as SPINNER, NONE	Jan whents the
3, 2	K—TH tould may back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
RESERVED	VK_T should it may n back	SAW MILL, BANK, etc	
7	VG INI AGE SH that it ons on	11. Total time (years) this occupation (month and year) year) occupation	
		Hageyskam	Other Coutributory Causes of importance:
MARGIN	d. d. se ructi	(State or country)	•
RG	UNFA supplied n terms, ee instru	E 13. NAME John Zepp.	
A N	Dan a	14. BIRTHPLACE (city or town) That (1) rs burg.	Neme of operation Date of
	O O	(State of County)	What test confirmed diagnosis? Was there an aulopsy?
	INLY, WITJ be-carefully EATH in pla important.	15. MAIOEN NAME Hazel Thomas	23. If death was due to axternel causes (VIOLENCE) fill in elso the following:
	A THE MARKET	16. BIRTHPLACE (city or town) 1 (ded 4 5); We (State or country)	Accident, suicide, or homicide?
	PLAINLY ould be-c F DEATI ery impor	The TIS	Where did injury occur? (Specify eity or town, county and State)
	A D C	17. INFORMANT 11 YS 2 MY 2 CALLYS TO THE	Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
	40 5	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	WRITE nation s	Place A. C. G. C. S. S. S. S. S. Oate Tuly of 193 4	Natura of injury
-	-WRIT mation CAUSI	19. UNDERTAKENT TO COLY May U	24. Was diseesa or injury in any way related to occupation of daceased?
S. No. 1	B. C.	(Address) (Address)	if so, specify
si.	z	20. FILEO. 1/25/, 1832 6 Kant Bowers	(Signed) M. C
110	bado.	Registrar. If more blanks are needed, address State Reviewers:	(Address)
111 11 -	THE LANGE	· · · · · · · · · · · · · · · · · · ·	-T Comment of the state of

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And in named to 17th Control Street, Section Street,			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
RUREAU V.	3.		